# Medicare First Look

## 2022 Plan Year

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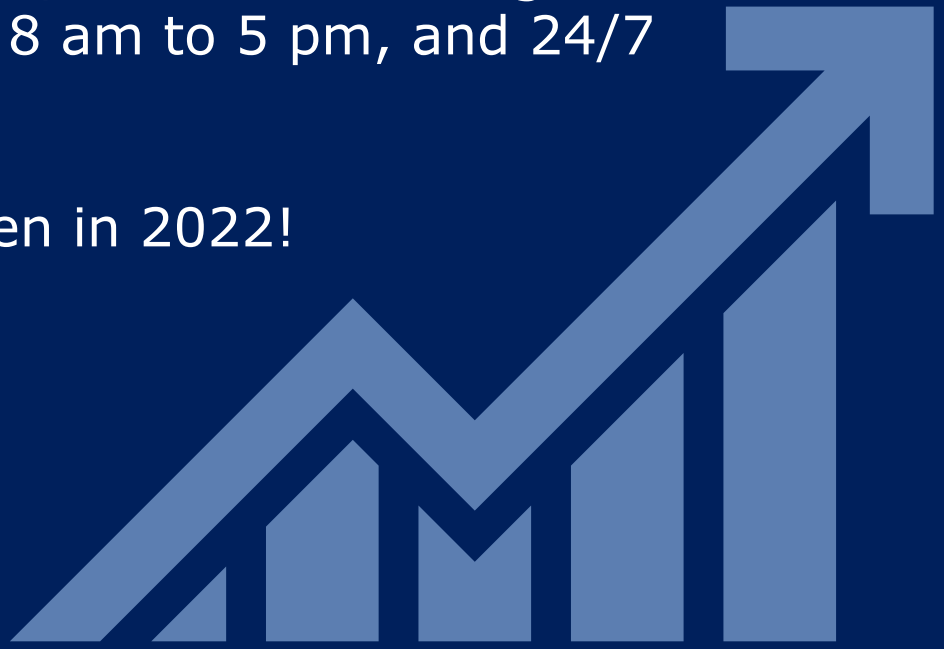
ConnectiCare®

## NEW YEAR. NEW GROWTH OPPORTUNITIES.

We're excited to share ConnectiCare's expanded portfolio of Medicare products – a portfolio that offers you more opportunities to grow your book of business.

We're here to support you every step of the way with online training and certification, a broker concierge unit available weekdays from 8 am to 5 pm, and 24/7 broker manager support.

Let's make great things happen in 2022!



ConnectiCare®

# ConnectiCare – Creating healthier futures, together

ConnectiCare has been a leading health plan in the state of Connecticut for nearly 40 years. We're recognized for our extraordinary commitment to customer service, our collaboration with doctors and hospitals, and our range of health plans and services for individuals, families, businesses, and municipalities.

MORE THAN

**3 million**

members (together with EmblemHealth and WellSpark Health)

MORE THAN

**700**

**employees**

We understand Connecticut because we live and work here, too.

## LOCAL, PERSONAL SERVICE

ConnectiCare local broker support team.

Retail locations in Farmington, Manchester, Norwalk, Shelton, and Waterbury.

Medicare Connect Concierge — the one phone number for all our Medicare members' health care needs.

## STRONG NETWORKS

As part of EmblemHealth, ConnectiCare offers statewide, regional, and national networks of care for our members.

## AN EMBLEMHEALTH COMPANY

EmblemHealth is one of the nation's largest non-profit health insurers.

ConnectiCare

# What you need to know for 2022

## CONNECTICARE WILL OFFER BROKERS:

- Local dedicated broker support team
- Online commissions
- Broker portal enhancements — single sign-on capability, electronic applications, ability to upload documents and order sales materials.
- HRA commission bonus for D-SNP only
- DocuSign capability

Note: We are no longer accepting individual agent of record (AOR) requests.

## CONNECTICARE WILL HAVE:

- **NEW** Dental vendor
  - 1,276 General Practitioners
  - 305 Specialists
- **NEW** Choice Dual Vista (HMO D-SNP) plan
- **NEW** Optional dental riders: 2 PPOs and 1 **Indemnity** with up to $3,500 annual maximum
- Choice Dual will now include **food** under OTC bene it
- **OTC drug benefits** on Choice Plan 3, Choice 2, Choice Part B Saver, Passage, Flex 3, and all three D-SNP plans
- Choice Dual Basic adding **SilverSneakers®** and **Comprehensive dental** with up to $2,500 maximum
- **Up to $500 eyewear benefit** in Choice 2, Choice Dual, and Choice Dual Vista
- **$0 Tier 1 and 2 generic drugs** through preferred mail order
- Plus additional improvements

# CHOICE DUAL (HMO D-SNP)

Statewide - all counties in Connecticut

| Benefit | ConnectiCare Choice Dual (HMO D-SNP) Plan |
|---|---|
| **Monthly premium** | $0 |
| **Primary care providers (PCPs)** | $0 |
| **Specialist** | $0 |
| **Inpatient Hospital** | $0 |
| **Annual physical, screenings & immunizations** | $0 |
| **Lab Services** | $0 |
| **Ambulatory Surgical Centers** | $0 |
| **Outpatient Surgery** | $0 |
| **MOOP** | $7,550 |
| **Hearing Services: Hearing Aids** | **Up to $1,500 every year** |
| **Dental Services** | $0 Preventive dental — 1 exam, cleaning, fluoride treatments and standard x-rays every 6 months<br>$0 Comprehensive dental<br>**$2,500** combined annual limit in/out |
| **Vision Services** | $0 exam plus up to **$500** for eyewear every year |
| **SilverSneakers®** | Yes |
| **Telehealth** | Yes |
| **Over-the-Counter (OTC) Items** | $50 per month **including food items** |
| **Prescription Drug Coverage**<br>Deductible (The amount you pay before your plan starts to pay) | $0 |
| | Generics: $0/$1.35/$3.95/15% |
| | Brands: $0/$4.00/$9.85/15% |

**Must be QMB+, SLMB+ and FBDEs eligible**

# CHOICE DUAL VISTA (HMO D-SNP)

Statewide - all counties in Connecticut

NEW

| Benefit | ConnectiCare Choice Dual Vista (HMO D-SNP) Plan |
|---|---|
| **Monthly premium** | $0 |
| **Primary care providers (PCPs)** | $0 |
| **Specialist** | $0 |
| **Inpatient Hospital** | $0 |
| **Annual physical, screenings & immunizations** | $0 |
| **Lab Services** | $0 |
| **Ambulatory Surgical Centers** | $0 |
| **Outpatient Surgery** | $0 |
| **MOOP** | $7,550 |
| **Hearing Services: Hearing Aids** | **Up to $1,500 every year** |
| **Dental Services** | $0 Preventive dental — 1 exam, cleaning, fluoride treatments and standard x-rays every 6 months<br>$0 Comprehensive dental<br>**$2,000 combined annual limit in/out** |
| **Vision Services** | $0 exam plus up to **$500** for eyewear every year |
| **SilverSneakers®** | Yes |
| **Telehealth** | Yes |
| **Over-the-Counter (OTC) Items** | **$100 per month, mail order only** |
| **Prescription Drug Coverage**<br>Deductible (The amount you pay before your plan starts to pay) | $0 |
| | Generics: $0/$1.35/$3.95/15% |
| | Brands: $0/$4.00/$9.85/15% |

**Must be QMB+, SLMB+ and FBDEs eligible**

# CHOICE DUAL BASIC (HMO D-SNP)

Statewide - all counties in Connecticut

| Benefit | ConnectiCare Choice Dual Basic (HMO D-SNP) Plan |
|---|---|
| **Monthly premium** | $0 |
| **Primary care providers (PCPs)** | $0 |
| **Specialist** | $0 |
| **Inpatient Hospital** | $0 |
| **Annual physical, screenings & immunizations** | $0 |
| **Lab Services** | $0 |
| **Ambulatory Surgical Centers** | $0 |
| **Outpatient Surgery** | $0 |
| **MOOP** | $7,550 |
| **Hearing Services: Hearing Aids** | No |
| **Dental Services** | $0 Preventive dental — 1 exam, cleaning, fluoride treatments and standard x-rays every 6 months<br>**$0 Comprehensive dental**<br>**$2,500 combined annual limit in/out** |
| **Vision Services** | $0 exam plus up to $200 for eyewear every year |
| **SilverSneakers®** | **Yes** |
| **Telehealth** | Yes |
| **Over-the-Counter (OTC) Items** | **$100** per quarter, mail order only |
| **Prescription Drug Coverage**<br>Deductible (The amount you pay before your plan starts to pay) | $0 |
| | Generics: $0/$1.35/$3.95/15% |
| | Brands: $0/$4.00/$9.85/15% |

**Must be QMB+, QMB, SLMB+, and FBDE's eligible**

# CHOICE PLAN 3 (HMO)

Statewide - all counties in Connecticut

| Benefit | ConnectiCare Choice Plan 3 (HMO) |
|---|---|
| **Monthly premium** | $0 |
| **Primary care providers (PCPs)** | $10 |
| **Specialist** | $45 |
| **Inpatient Hospital** | $490/day* Days 1-3 |
| **Annual physical, screenings & immunizations** | $0 |
| **Lab Services** | $15 |
| **Ambulatory Surgical Centers** | $300 |
| **Outpatient Surgery** | $395* |
| **MOOP** | $7,550 |
| **Hearing Services: Hearing Aids** | Not Covered |
| **Dental Services** | Preventive included — 1 exam, cleaning, fluoride treatments and standard x-rays every 6 months<br>2 PPO Comprehensive riders<br>$29 a month $2,000 annual limit<br>$39 a month $3,000 annual limit<br>$100 Deductible on comprehensive<br>**1 Indemnity preventive and comprehensive rider**<br>**$39 a month $3,500 annual limit** |
| **Vision Services** | $45 exam plus up to $200 eyewear every year |
| **SilverSneakers®** | Yes |
| **Telehealth** | Yes |
| **Teladoc®** | Yes |
| **Over-the-Counter (OTC) Items** | **$60 per quarter, mail order only** |
| **Prescription Drug Coverage**<br>Annual Deductible<br>(The amount you pay before your plan starts to pay)<br>Preferred Mail Order<br><br>Tier 1: Preferred Generic Drugs<br>Tier 2: Generic Drugs<br>Tier 3: Preferred Brand Drugs<br>Tier 4: Non-Preferred Drugs<br>Tier 5: Specialty Tier | Preferred/Non-preferred Pharmacy<br>$445<br>(Applies Tier 4-5)<br>$0 Tier 1 and 2 Generics<br>$2/$9<br>$10/$20<br>$42/$47<br>$95/$100<br>25% of the total cost |

*Note: $395 medical deductible applies only to inpatient hospital (acute and Psychiatric), skilled nursing facility, therapeutic radiology, x-ray, outpatient hospital/observation services, and dialysis services.

# PASSAGE PLAN 1 (HMO)

Statewide - all counties in Connecticut

| Benefit | ConnectiCare Passage Plan 1 (HMO) |
|---|---|
| **Monthly premium** | $0 |
| **Primary care providers (PCPs)** | **$15** |
| **Specialist** | $50 |
| **Inpatient Hospital** | $490/day Days 1-4 |
| **Annual physical, screenings & immunizations** | $0 |
| **Lab Services** | $15 |
| **Ambulatory Surgical Centers** | $200 |
| **Outpatient Surgery** | $475 |
| **MOOP** | $7,550 |
| **Hearing Services: Hearing Aids** | Up to $400 allowance every year |
| **Dental Services** | 2 PPO Preventive and Comprehensive riders<br>$39 a month $2,000 annual limit<br>$49 a month $3,000 annual limit<br>$100 Deductible on comprehensive<br>**1 Indemnity preventive and comprehensive rider**<br>**$39 a month $3,500 annual limit** |
| **Vision Services** | $45 exam plus up to $100 eyewear every year |
| **SilverSneakers®** | Yes |
| **Telehealth** | Yes |
| **Teladoc®** | Yes |
| **Over-the-Counter (OTC) Items** | **$15 per quarter, mail order only** |
| **Prescription Drug Coverage**<br>Annual Deductible<br>(The amount you pay before your plan starts to pay)<br>Preferred Mail Order<br><br>Tier 1: Preferred Generic Drugs<br>Tier 2: Generic Drugs<br>Tier 3: Preferred Brand Drugs<br>Tier 4: Non-Preferred Drugs<br>Tier 5: Specialty Tier | Preferred/Non-Preferred Pharmacy<br>$275<br>(Applies Tier 3-5)<br>$0 Tier 1 and 2 Generics<br>$2/$9<br>$10/$20<br>$42/$47<br>$95/$100<br>28% of the total cost |

# FLEX PLAN 3 (HMO-POS)

Statewide - all counties in Connecticut

| Benefit | ConnectiCare Flex Plan 3 (HMO-POS) | |
|---|---|---|
| **Hartford/Litchfield/Middlesex/Tolland Monthly premium** | $50 (May be reduced based on Low-Income Subsidy (LIS) level) | |
| **Fairfield/New Haven/New London/Windham Monthly premium** | $70(May be reduced based on Low-Income Subsidy (LIS) level) | |
| | **In-Network** | **Out-of-Network** |
| **Primary care providers (PCPs)** | $5 | 50% |
| **Specialist** | $50 | 50% |
| **Inpatient Hospital** | $465/day Days 1-4 | 50% |
| **Annual physical, screenings & immunizations** | $0 | $0 |
| **Lab Services** | $20 | 50% |
| **Ambulatory Surgical Centers** | $200 | 50% |
| **Outpatient Surgery** | $325 | 50% |
| **MOOP** | $5,500 In-Network<br>$10,000 Out-of-Network | |
| **Hearing Services: Hearing Aids** | Not Covered | Not Covered |
| **Dental Services** | Preventive included — 1 exam, cleaning, fluoride treatments and standard x-rays every 6 months<br>2 PPO Comprehensive riders<br>$29 a month $2,000 annual limit<br>$39 a month $3,000 annual limit<br>$100 Deductible on comprehensive<br>**1 Indemnity preventive and comprehensive rider**<br>**$39 a month $3,500 annual limit** | |
| **Vision Services** | $50 exam plus up to $300 eyewear every year | Not Covered |
| **SilverSneakers®** | Yes | No |
| **Telehealth** | Yes | Not Covered |
| **Teladoc®** | Yes | Not Covered |
| **Over-the-Counter (OTC) Items** | $50 per quarter, mail order only | Not Covered |
| **Prescription Drug Coverage**<br>Annual Deductible<br>(The amount you pay before your plan starts to pay)<br>Preferred Mail Order<br><br>Tier 1: Preferred Generic Drugs<br>Tier 2: Generic Drugs<br>Tier 3: Preferred Brand Drugs<br>Tier 4: Non-Preferred Drugs<br>Tier 5: Specialty Tier | Preferred/Non-Preferred Pharmacy<br>$300<br>(Applies Tier 3-5)<br>$0 Tier 1 and 2 Generics<br>$2/$9<br>$10/$20<br>$42/$47<br>$95/$100<br>27% of the total cost | Not Covered |

# CHOICE PART B SAVER (HMO)

Statewide - all counties in Connecticut

| Benefit | ConnectiCare Choice Part B Saver (HMO) |
|---|---|
| **Monthly premium** | $0 |
| **Primary care providers (PCPs)** | **$20** |
| **Specialist** | **$45** |
| **Inpatient Hospital** | $495/day* Days 1-3 |
| **Annual physical, screenings & immunizations** | $0 |
| **Lab Services** | $15 |
| **Ambulatory Surgical Centers** | $315 |
| **Outpatient Surgery** | $495* |
| **MOOP** | $7,550 |
| **Hearing Services: Hearing Aids** | Not Covered |
| **Dental Services** | 2 PPO Preventive and Comprehensive riders<br>$39 a month $2,000 annual limit<br>$49 a month $3,000 annual limit<br>$100 Deductible on comprehensive<br>**1 Indemnity preventive and comprehensive rider**<br>**$39 a month $3,500 annual limit** |
| **Vision Services** | $10 exam plus up to $100 eyewear every year |
| **SilverSneakers®** | Yes |
| **Telehealth** | Yes |
| **Teladoc®** | Yes |
| **Over-the-Counter (OTC) Items** | $60 every quarter, mail order only |
| **Prescription Drug Coverage**<br>Annual Deductible<br>(The amount you pay before your plan starts to pay)<br>Preferred Mail Order<br><br>Tier 1: Preferred Generic Drugs<br>Tier 2: Generic Drugs<br>Tier 3: Preferred Brand Drugs<br>Tier 4: Non-Preferred Drugs<br>Tier 5: Specialty Tier | Preferred/Non-Preferred Pharmacy<br>$445<br>(Applies Tier 2-5)<br>$0 Tier 1 and 2 Generics<br>$2/$9<br>$10/$20<br>$42/$47<br>$95/$100<br>25% of the total cost |

**Plus up to $500 annual savings on Part B premium**

*$1,000 medical deductible applies only to inpatient hospital (acute and Psychiatric), skilled nursing facility, diagnostic tests and procedures, diagnostic radiology, therapeutic radiology, outpatient hospital/observation services, occupational/speech/physical therapy, and dialysis services.

# CHOICE PLAN 2 AND CHOICE PLAN 1 (HMO)

Statewide - all counties in Connecticut

| Benefit | ConnectiCare Choice Plan 2 (HMO) MA Only | ConnectiCare Choice Plan 1 (HMO) |
|---|---|---|
| **Monthly premium** | $0 | $184 (May be reduced based on Low-Income Subsidy (LIS) level) |
| **Primary care providers (PCPs)** | $0 | $10 |
| **Specialist** | $10 | $30 |
| **Inpatient Hospital** | $295/day Days 1-6 | $345/day Days 1-5 |
| **Annual physical, screenings & immunizations** | $0 | $0 |
| **Lab Services** | $10 | $10 |
| **Ambulatory Surgical Centers** | $100 | $100 |
| **Outpatient Surgery** | $200 | $200 |
| **MOOP** | $6,000 | $3,400 |
| **Hearing Services: Hearing Aids** | Not Covered | Not Covered |
| **Dental Services** | Preventive included — 1 exam, cleaning, fluoride treatments and standard x-rays every 6 months 2 PPO Comprehensive riders<br>$29 a month $2,000 annual limit<br>$39 a month $3,000 annual limit<br>$100 Deductible on comprehensive<br>**1 Indemnity preventive and comprehensive rider $39 a month $3,500 annual limit** | 2 PPO Preventive and Comprehensive rider<br>$39 a month $2,000 annual limit<br>$49 a month $3,000 annual limit<br>$100 Deductible on comprehensive<br>**1 Indemnity preventive and comprehensive rider**<br>**$39 a month $3,500 annual limit** |
| **Vision Services** | $10 exam plus up to **$500 eyewear every year** | $30 exam |
| **SilverSneakers®** | Yes | Yes |
| **Telehealth** | Yes | Yes |
| **Teladoc®** | Yes | Yes |
| **Over-the-Counter (OTC) Items** | **$25 per month, mail order only** | No |
| **Prescription Drug Coverage**<br>Annual Deductible<br>(The amount you pay before your plan starts to pay)<br>Preferred Mail Order<br><br>Tier 1: Preferred Generic Drugs<br>Tier 2: Generic Drugs<br>Tier 3: Preferred Brand Drugs<br>Tier 4: Non-Preferred Drugs<br>Tier 5: Specialty Tier | Not Covered | Preferred/Non-preferred Pharmacy<br>Tier 1 and 2 copays through coverage gap<br>$300<br>(Applies Tier 3-5)<br>$0 Tier 1 and 2 Generics<br>$2/$9<br>$10/$20<br>$42/$47<br>$95/$100<br>27% of the total cost |

# FLEX PLAN 2 AND FLEX PLAN 1 (HMO-POS)

Statewide - all counties in Connecticut

| Benefit | ConnectiCare Flex Plan 2 (HMO-POS) | | ConnectiCare Flex Plan 1 (HMO-POS) | |
|---|---|---|---|---|
| **Monthly premium** | $135 (May be reduced based on Low-Income Subsidy (LIS) level) | | $242 (May be reduced based on Low-Income Subsidy (LIS) level) | |
| | **In-Network** | **Out-of-Network** | **In-Network** | **Out-of-Network** |
| **Primary care providers (PCPs)** | $15 | $50 | $15 | $40 |
| **Specialist** | $35 | $50 | $30 | $40 |
| **Inpatient Hospital** | $375/day<br>Days 1-4 | 30% | $285/day<br>Days 1-6 | $450/day<br>Days 1-6 |
| **Annual physical, screenings & immunizations** | $0 | $0 | $0 | $0 |
| **Lab Services** | $15 | 40% | $10 | 20% |
| **Ambulatory Surgical Centers** | $150 | 40% | $100 | $250 |
| **Outpatient Surgery** | $250 | 40% | $200 | 20% |
| **MOOP** | $6,000 In-Network<br>$10,000 Out-of-Network | | $5,300 In-Network<br>$10,000 Out-of-Network | |
| **Hearing Services: Hearing Aids** | Not Covered | Not Covered | Not Covered | Not Covered |
| **Dental Services** | 2 PPO Preventive and Comprehensive riders<br>$39 a month $2,000 annual limit<br>$49 a month $3,000 annual limit<br>$100 Deductible on comprehensive<br>**1 Indemnity preventive and comprehensive rider $39 a month $3,500 annual limit** | | 2 PPO Preventive and Comprehensive riders<br>$39 a month $2,000 annual limit<br>$49 a month $3,000 annual limit<br>$100 Deductible on comprehensive<br>**1 Indemnity preventive and comprehensive rider $39 a month $3,500 annual limit** | |
| **Vision Services** | $35 exam | Not Covered | $30 exam | Not Covered |
| **SilverSneakers®** | Yes | No | Yes | No |
| **Telehealth** | Yes | Not Covered | Yes | Not Covered |
| **Teladoc®** | Yes | Not Covered | Yes | Not Covered |
| **Over-the-Counter (OTC) Items** | No | No | No | No |
| **Prescription Drug Coverage**<br><br>Annual Deductible<br>(The amount you pay before your plan starts to pay)Preferred Mail Order<br><br>Tier 1: Preferred Generic Drugs<br>Tier 2: Generic Drugs<br>Tier 3: Preferred Brand Drugs<br>Tier 4: Non-Preferred Drugs<br>Tier 5: Specialty Tier | Preferred/Non-Preferred Pharmacy<br><br>$300<br>(Applies Tier 3-5)<br><br>$0 Tier 1 and 2 Generics<br>$2/$9<br>$10/$20<br>$42/$47<br>$95/$100<br>27% of the total cost | Not Covered | Preferred/Non-Preferred Pharmacy<br>Tier 1 & 2 copays through coverage gap<br>$300<br>(Applies Tier 3-5)<br><br>$0 Tier 1 and 2 Generics<br>$2/$9<br>$10/$20<br>$42/$47<br>$95/$100<br>27% of the total cost | Not Covered |

# ConnectiCare Medicare premiums and Low-Income Subsidy (LIS) premium reduction

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help will determine your total monthly plan premium as a member of our plan. For more information about LIS, please call Social Security at **800-772-1213**, Monday through Friday, 7 am to 7 pm. If you use a TTY, please call **800-325-0778**.

| Monthly premium if you live in Hartford, Litchfield, Middlesex, or Tolland County | | | | |
|---|---|---|---|---|
| **Your level of extra help** | **ConnectiCare Flex Plan 3 (HMO-POS)** | **ConnectiCare Flex Plan 2 (HMO-POS)** | **ConnectiCare Flex Plan 1 (HMO-POS)** | **ConnectiCare Choice Plan 1 (HMO)** |
| 0% (Full Premium) | $50.00 | $135.00 | $242.00 | $184.00 |
| 25% | $40.90 | $125.90 | $232.90 | $174.90 |
| 50% | $31.80 | $116.80 | $223.80 | $165.80 |
| 75% | $22.80 | $107.80 | $214.80 | $156.80 |
| 100% | $13.70 | $98.70 | $205.70 | $147.70 |

| Monthly premium if you live in Fairfield, New Haven, New London or Windham County | | | | |
|---|---|---|---|---|
| **Your level of extra help** | **ConnectiCare Flex Plan 3 (HMO-POS)** | **ConnectiCare Flex Plan 2 (HMO-POS)** | **ConnectiCare Flex Plan 1 (HMO-POS)** | **ConnectiCare Choice Plan 1 (HMO)** |
| 0% (Full Premium) | $70.00 | $135.00 | $242.00 | $184.00 |
| 25% | $60.90 | $125.90 | $232.90 | $174.90 |
| 50% | $51.80 | $116.80 | $223.80 | $165.80 |
| 75% | $42.80 | $107.80 | $214.80 | $156.80 |
| 100% | $33.70 | $98.70 | $205.70 | $147.70 |

# Preferred pharmacy network

## CONNECTICARE'S PREFERRED PHARMACY NETWORK INCLUDES:

- Costco
- Rite Aid
- Sam's Club
- Shop Rite
- Stop & Shop
- Walgreens
- Walmart

ConnectiCare's Medicare mail order is managed by Express Scripts, Inc. (ESI).
**$0 copay for Tier 1 and 2 generics through preferred mail order.**

## CONNECTICARE'S FORMULARY:

- 3,182 most utilized drugs are on the formulary.
- 82% of the top 100 most utilized drugs are on the lowest tiers, Tier 1 and Tier 2.
- All of the top 10 most utilized drugs are on the same tier or lower than comparable competitors.
- 99 of the top 100 most utilized drugs have no PA or ST requirements.

# Our benefit partners

**DENTAL:**

healthplex

**VISION:**

EyeMed

**FITNESS:**

SilverSneakers® by Tivity Health

**OVER-THE-COUNTER:**

nationsOTC

**HEARING:**

nationshearing

OTC Network

# We look forward to a successful 2022 and beyond.

## ConnectiCare Medicare Broker Contacts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**Broker Support**
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877-224-7994


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